

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF OHIO, CANTON DIVISION

Case number (*if known*)

Chapter 11

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	<u>For Paws Blue Cross Animal Hospital LLC</u>		
2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names	<u>FKA Blue Cross Animal Hospital</u> <u>For Paws</u> <u>For Paws Animal Hospital</u>		
3. Debtor's federal Employer Identification Number (EIN)	<u>45-1600539</u>		
4. Debtor's address	Principal place of business <u>1396 S Main St</u> <u>North Canton, OH 44720-4244</u> Number, Street, City, State & ZIP Code	Mailing address, if different from principal place of business <u>P.O. Box, Number, Street, City, State & ZIP Code</u>	
	<u>Stark</u> County	Location of principal assets, if different from principal place of business <u>Number, Street, City, State & ZIP Code</u>	
5. Debtor's website (URL)	<u>http://www.forpawscanton.com/</u>		
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____		

7. Describe debtor's business**A. Check one:**

Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Railroad (as defined in 11 U.S.C. § 101(44))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 Clearing Bank (as defined in 11 U.S.C. § 781(3))
 None of the above

B. Check all that apply

Tax-exempt entity (as described in 26 U.S.C. §501)
 Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
 Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?**Check one:**

Chapter 7
 Chapter 9
 Chapter 11. *Check all that apply.*

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

A plan is being filed with this petition.

Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).

The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.

The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

No.
 Yes.

If more than 2 cases, attach a separate list.

District _____	When _____	Case number _____
District _____	When _____	Case number _____

Debtor **For Paws Blue Cross Animal Hospital LLC**
Name _____

Case number (*if known*) _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

No
 Yes.

List all cases. If more than 1, attach a separate list

Debtor _____ Relationship _____
District _____ When _____ Case number, if known _____

11. Why is the case filed in this district?

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
 A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

No
 Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? **Veterinary Medications**

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other _____

**1396 S Main St
North Canton, OH, 44720-4244**

Number, Street, City, State & ZIP Code

Is the property insured?

No

Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

Funds will be available for distribution to unsecured creditors.

After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

1-49
 50-99
 100-199
 200-999

1,000-5,000
 5,001-10,000
 10,001-25,000

25,001-50,000
 50,001-100,000
 More than 100,000

15. Estimated Assets

\$0 - \$50,000
 \$50,001 - \$100,000
 \$100,001 - \$500,000
 \$500,001 - \$1 million

\$1,000,001 - \$10 million
 \$10,000,001 - \$50 million
 \$50,000,001 - \$100 million
 \$100,000,001 - \$500 million

\$500,000,001 - \$1 billion
 \$1,000,000,001 - \$10 billion
 \$10,000,000,001 - \$50 billion
 More than \$50 billion

Debtor	For Paws Blue Cross Animal Hospital LLC	Case number (<i>if known</i>)
Name		
16. Estimated liabilities		
<input type="checkbox"/> \$0 - \$50,000 <input checked="" type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$500,000,001 - \$1 billion		
<input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$1,000,000,001 - \$10 billion		
<input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$10,000,000,001 - \$50 billion		
<input type="checkbox"/> \$500,001 - \$1 million <input type="checkbox"/> \$100,000,001 - \$500 million <input type="checkbox"/> More than \$50 billion		

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on July 14, 2023
MM / DD / YYYY

/s/ Jennifer D. Jellison, DVM
Signature of authorized representative of debtor

Jennifer D. Jellison, DVM
Printed name

Title Managing Member

18. Signature of attorney

/s/ Anthony J. DeGirolamo
Signature of attorney for debtor

Date July 14, 2023
MM / DD / YYYY

Anthony J. DeGirolamo
Printed name

Anthony J. DeGirolamo, Attorney at Law
Firm name

**3930 Fulton Dr NW Ste 100B
Canton, OH 44718-3040**
Number, Street, City, State & ZIP Code

Contact phone (330) 305-9700 Email address tony@ajdlaw7-11.com

0059265
Bar number and State

Fill in this information to identify the case:

Debtor name	For Paws Blue Cross Animal Hospital LLC
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF OHIO, CANTON DIVISION
Case number (if known):	

Check if this is an
amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
BHG Financial 201 Solar St Syracuse, NY 13204-1425		Money Loaned		\$198,643.05	\$0.00	\$198,643.05
Chase Card Services PO Box 15153 Wilmington, DE 19886	Chase Card Services	Revolving Account				\$27,480.20
Connecting Point 8312 Cleveland Ave NW North Canton, OH 44720-4820		Trade debt				\$1,661.48
Fifth Third Bank 38 Fountain Square Plz Cincinnati, OH 45263	Fifth Third Bank	Bank loan				\$96,000.00
Forward Financing LLC 53 State St Fl 20 Boston, MA 02109-3204		Money Loaned		\$61,893.91	\$0.00	\$61,893.91
Hill's Pet Nutrition Sales Inc. PO Box 842257 Dallas, TX 75284-2257		Trade debt				\$7,449.04
Home Again 2 Giralda Farms Madison, NJ 07940-1026		Trade debt				\$2,094.14

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Idea 247 Inc. Attn: Justin Leto 200 SE 1st St Ste 703 Miami, FL 33131-1909		Money Loaned		\$88,355.00	\$0.00	\$88,355.00
Idexx Distribution Inc 1 Idexx Dr Westbrook, ME 04092-2040		Trade debt				\$24,209.69
Imaging 4 Pets 1821 Walden Office Sq Schaumburg, IL 60173-4295		Trade debt				\$3,410.00
Internal Revenue Service PO Box 7346 Philadelphia, PA 19101	Internal Revenue Service	Taxes				\$17,613.00
Kapitus Servicing Inc. 2500 Wilson Blvd Ste 350 Arlington, VA 22201-3873		Money Loaned		\$98,587.00	\$0.00	\$98,587.00
Newco Capital Group VI, LLC 1 Whitehall St Ste 200 New York, NY 10004-2109	Ariel Bouskill (212) 729-1477	Money Loaned				\$43,840.00
Patterson Veterinary Supply Inc. PO Box 1418 Loveland, CO 80539-1418		Trade debt				\$26,710.84
State Of Ohio Dept Of Taxation PO Box 530 Attn: Bankruptcy Division Columbus, OH 43216	State Of Ohio Dept Of Taxation	Taxes				\$1,916.00
The Ohio Valley Bank 420 3rd Ave Gallipolis, OH 45631-1135		Money Loaned		\$79,753.82	\$0.00	\$79,753.82

Debtor **For Paws Blue Cross Animal Hospital LLC**
 Name _____

Case number (if known) _____

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Trusted Journey 12521 Island Rd Grafton, OH 44044-9550		Trade debt				\$4,230.60
US Small Business Administration Cleveland District Office 1350 Euclid Ave Ste 211 Cleveland, OH 44115-1815		Money Loaned		\$150,000.00	\$0.00	\$150,000.00
VetRad 50 E Wilson Bridge Rd Worthington, OH 43085-2302		Trade debt				\$3,114.83
White Road Capital LLC dba GFE Holdings 2999 NE 191st St Ste 901 Miami, FL 33180-3115		Money Loaned		\$20,000.00	\$0.00	\$20,000.00

**United States Bankruptcy Court
Northern District of Ohio, Canton Division**

In re For Paws Blue Cross Animal Hospital LLC _____ Case No. _____
Debtor(s) _____ Chapter 11 _____

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Jennifer D. Jellison, DVM 3415 Blackburn Rd NW Canton, OH 44718-3203		100	

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **Managing Member** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date July 14, 2023

Signature /s/ Jennifer D. Jellison, DVM
Jennifer D. Jellison, DVM

Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court
Northern District of Ohio, Canton Division**

IN RE:

For Paws Blue Cross Animal Hospital LLC

Debtor(s)

Case No. _____

Chapter **11**

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) hereby verify(ies) that the attached matrix listing creditors is true to the best of my(our) knowledge.

Date: July 14, 2023

Signature: /s/ Jennifer D. Jellison, DVM

Jennifer D. Jellison, DVM, Managing Member

Debtor

Date: _____

Signature: _____

Joint Debtor, if any

Bankers Healthcare Group LLC
10234 W State Road 84
Davie, FL 33324-4202

Berkovitch & Bouskila PLLC
1545 US Highway 202 Ste 101
Pomona, NY 10970

BHG Financial
201 Solar St
Syracuse, NY 13204-1425

Blais Microscope Co.
PO Box 486
Faribault, MN 55021-0486

Canton Data Print
2617 Cleveland Ave NW
Canton, OH 44709-3307

Canton Regional Health Fund
2600 6th St SW
Canton, OH 44710-1702

Chase Card Services
PO Box 15153
Wilmington, DE 19886-0000

CHTD Company
PO Box 2576
Springfield, IL 62708-2576

Connecting Point
8312 Cleveland Ave NW
North Canton, OH 44720-4820

Corporation Service Company
PO Box 2576
Springfield, IL 62708-2576

Covetrus
12 Mountfort St
Portland, ME 04101-4307

CSC Filing
801 Adlai Stevenson Dr
Springfield, IL 62703-4261

CT Corporation System
Attn: SPRS
330 N Brand Blvd Ste 700
Glendale, CA 91203-2336

Davies Pharmacy
2915 Tuscarawas St W
Canton, OH 44708-4607

DC Lawncare
5340 Mayfair Rd
North Canton, OH 44720-1533

Diligenz
801 Adlai Stevenson Dr
Springfield, IL 62703-4261

Elanco
2500 Innovation Way N
Greenfield, IN 46140-9163

Fifth Third Bank
38 Fountain Square Plz
Cincinnati, OH 45263-0000

Forward Financing LLC
53 State St Fl 20
Boston, MA 02109-3204

Green Compounding
4016 Massillon Rd Ste B
Uniontown, OH 44685-7818

Heska
3760 Rocky Mountain Ave
Loveland, CO 80538-7084

Hill's Pet Nutrition Sales Inc.
PO Box 842257
Dallas, TX 75284-2257

Home Again
2 Giralta Farms
Madison, NJ 07940-1026

Idea 247 Inc.
Attn: Justin Leto
200 SE 1st St Ste 703
Miami, FL 33131-1909

Idexx Distribution Inc
1 Idexx Dr
Westbrook, ME 04092-2040

Imaging 4 Pets
1821 Walden Office Sq
Schaumburg, IL 60173-4295

Internal Revenue Service
PO Box 7346
Philadelphia, PA 19101

IRS Special Procedures
1240 E 9th St Rm 457
Cleveland, OH 44199-0000

Jennifer D. Jellison, DVM
3415 Blackburn Rd NW
Canton, OH 44718-3203

Johnson Controls
PO Box 591
Milwaukee, WI 53201-0591

Kapitus Servicing Inc.
2500 Wilson Blvd Ste 350
Arlington, VA 22201-3873

Lien Solution
2929 Allen Pkwy Ste 3300
Houston, TX 77019-7112

Lien Solutions
PO Box 29071
Glendale, CA 91209-9071

MedVet
1321 Centerview Cir
Akron, OH 44321-1627

Newco Capital Group VI, LLC
1 Whitehall St Ste 200
New York, NY 10004-2109

Office Of The Ohio Attorney General
150 E Gay St
Collections Enforcement Section
Columbus, OH 43215-0000

Office of the United States Attorney
Attn: Bankruptcy Division
801 W Superior Ave Ste 400
Cleveland, OH 44113-1852

Office Of The United States Trustee
201 Superior Ave E Ste 441
Howard Metzenbaum Courthouse
Cleveland, OH 44114-0000

Ohio Bureau Of Workers' Compensation
30 W Spring St
Columbus, OH 43215-0000

Ohio Dept Of Job & Family Services
PO Box 182404
Columbus, OH 43218-0000

Patterson Veterinary Supply Inc.
PO Box 1418
Loveland, CO 80539-1418

Petrust Veterinary Relief Services
50 W Broad St Apt 3003
Columbus, OH 43215-3303

Regional Income Tax Agency
PO Box 477900
Broadview Heights, OH 44147-7900

State Of Ohio Dept Of Taxation
PO Box 530 Attn: Bankruptcy Division
Columbus, OH 43216

Stericycle
2355 Waukegan Rd
Deerfield, IL 60015-1586

Stockman Bank of Montana
800 Main St
Billings, MT 59105-3328

The Ohio Valley Bank
420 3rd Ave
Gallipolis, OH 45631-1135

The Sand Rock Mineral Water Co.
1312 Tuscarawas St E
Canton, OH 44707-3114

Trusted Journey
12521 Island Rd
Grafton, OH 44044-9550

US Attorney General
950 Pennsylvania Ave NW
C/O US Dept Of Justice
Washington, DC 20530-0000

US Small Business Administration
Cleveland District Office
1350 Euclid Ave Ste 211
Cleveland, OH 44115-1815

VetRad
50 E Wilson Bridge Rd
Worthington, OH 43085-2302

White Road Capital LLC
dba GFE Holdings
2999 NE 191st St Ste 901
Miami, FL 33180-3115

White Road Capital LLC
dba GFE Holdings
2701 Queens Plz N Ste 802
Long Island City, NY 11101-4020

Wood Dale Pharmacy
232 E Irving Park Rd
Wood Dale, IL 60191-2039

Youngstown Oxygen & Welding Supply
2208 Hubbard Rd
Youngstown, OH 44505-3157

Zoetis
10 Sylvan Way
Parsippany, NJ 07054-3825

United States Bankruptcy Court
Northern District of Ohio, Canton Division

In re **For Paws Blue Cross Animal Hospital LLC**

Debtor(s)

Case No.

Chapter

11**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

 FLAT FEE

For legal services, I have agreed to accept \$

Prior to the filing of this statement I have received \$

Balance Due \$

 RETAINERFor legal services, I have agreed to accept and received a retainer of \$ **11,683.50**The undersigned shall bill against the retainer at an hourly rate of \$ **375.00**

[Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.

2. The source of the compensation paid to me was:

 Debtor Other (specify):

3. The source of compensation to be paid to me is:

 Debtor Other (specify):

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Adversary proceedings and contested matters may be billed at the then applicable hourly rates.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

filings fees, credit report costs, credit counseling and debtor education fees, and other out of pocket costs.

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR
(Continuation Sheet)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

July 14, 2023
Date

/s/ Anthony J. DeGirolamo

Anthony J. DeGirolamo

Signature of Attorney

Anthony J. DeGirolamo, Attorney at Law

**3930 Fulton Dr NW Ste 100B
Canton, OH 44718-3040
(330) 305-9700 Fax: (330) 305-9713
tony@ajdlaw7-11.com**

Name of law firm